

FORMER EMPLOYERS List below last three employers, starting with the most recent one first.**1. Name and Address of**

Present or Last Employer _____

Starting Date ___/___/___ Ending Date ___/___/___ Starting \$ _____ Ending \$ _____ Job Title _____

Name and Title of Supervisor _____ May we contact them? yes no

Phone Number _____ - _____ - _____ Description of Duties _____

Reason For Leaving _____

2. Name and Address of

Present or Last Employer _____

Starting Date ___/___/___ Ending Date ___/___/___ Starting \$ _____ Ending \$ _____ Job Title _____

Name and Title of Supervisor _____ May we contact them? yes no

Phone Number _____ - _____ - _____ Description of Duties _____

Reason For Leaving _____

3. Name and Address of

Present or Last Employer _____

Starting Date ___/___/___ Ending Date ___/___/___ Starting \$ _____ Ending \$ _____ Job Title _____

Name and Title of Supervisor _____ May we contact them? yes no

Phone Number _____ - _____ - _____ Description of Duties _____

Reason For Leaving _____

SPECIAL QUESTIONS

Are you a U.S. citizen? yes no Do you have any physical limitations restricting you from physical labor? yes no

Have you ever been convicted of a felony or misdemeanor? yes no Describe _____

NO ONE WILL BE DENIED EMPLOYMENT SOLELY BECAUSE OF CITIZENSHIP, PHYSICAL LIMITATIONS OR CONVICTION RECORD

AUTHORIZATION

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the company option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or with out notice, at any time by the company. I understand that no company representative, other than its president and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I understand 'Bonding' or an in-depth background check may be required. I understand that the company is an equal opportunity employer. In accordance with all federal, state and local laws, employees shall be recruited, hired, compensated, trained, developed, evaluated, disciplined, placed, promoted, laid off and terminated equally and fairly. I understand that the company will be impartial in all of its relations with its employees and applicants for employment without regard to race and color, national origin, citizenship, religion, sex, age, marital status, veteran status, physical disability, or medical condition, except when such a characteristic is an appropriate and bona fide occupational qualification."

Signature _____ Date _____

OFFICE USE ONLY Interviewed by _____ on ___/___/___

Remarks _____

Hired yes no Position _____ Starting Date ___/___/___ Starting salary/wage \$ _____